

Innovations Physical Health Integration Project: I-CARE

January 2013



Interviews with the leadership of Family Health Centers of San Diego and the participating community mental health programs were conducted to explore how and why the I-CARE program has been implemented. Below are some of their perspectives on I-CARE:

"[That has been] the major problem of what we're trying to do, just having a place to where folks can graduate to. That's been lacking in the community for a long time, which is a specific place...where our clients can graduate to, who will actually follow with their psychiatric medications...that's huge."

(Community Mental Health Clinic Program Director)

"They used to say to us 'transfer your people to the community,' right?...and it was really a brick wall. You know, 'we don't want those clients here, I don't feel good about antipsychotics, I don't feel good about prescribing antidepressants, or mood stabilizers,' and it was very, very difficult to transfer to this phantom community."

(Community Mental Health Clinic Program Director)

"[providers] have enjoyed it...the opportunity to expand their skill set and also to be able to see these patients holistically because...we've seen these patients in the past but we would compartmentalize their care, say, 'oh, okay we're just going to deal with the physical care and then mental health, you have to go over here.' ...It's one chart, you know, there is one medication list, one problem list. They come to you every one or three months, you know exactly what they're on, you're working with the therapist directly, for whatever they need. So it's very positive."

(FHC leadership)

The Innovations Physical Health Integration Pilot project, "I-CARE," is one of five Mental Health Services Act (MHSA) components designed to foster new approaches to increasing knowledge about serving the mental health needs in San Diego County communities. The focus of the I-CARE program is to enhance mental and physical wellness through a holistic and collaborative continuum of care between primary care and mental health clinics.

Originally, three Family Health Centers of San Diego (FHC) were chosen as I-CARE program sites to serve as "person-centered medical homes" (PCMH) for persons with severe mental illness (SMI) who have reached a certain level of stability. Two additional FHC sites and one additional community mental health program were added later. Since the program's implementation in March 2011, 125 participants have been enrolled in the I-CARE program across these five FHC sites. Demographic data and group characteristics of those participants are displayed in the table to the right.

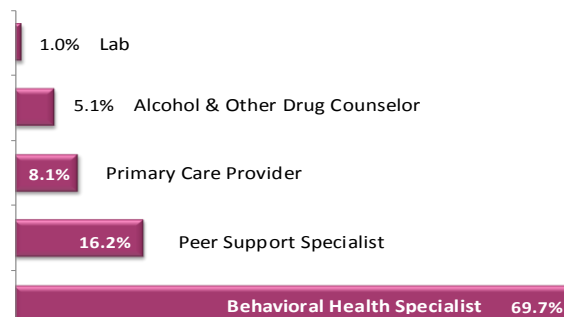
Participants are expected to complete follow-up measures every 6 months. With data collection on-going, 33 participants had completed both baseline and 6-month follow-up assessments as of September 2012; therefore, outcomes data is included for those 33 participants. Data from interviews and focus groups with participants, staff, and providers are also presented in the report.

Participant Demographics and Group Characteristics

Demographic Characteristics	Client n	% of Clients
Age (Mean=46.3)		
18-25	2	1.6
26-49	111	88.8
50+	12	9.6
Gender		
Male	51	41.1
Female	72	58.1
Other	1	<1
Race/Ethnicity		
Asian	0	0
Black/African American	15	12.3
White/Caucasian	57	46.7
American Indian	0	0
Hispanic/Latino	48	39.3
Multiracial	0	0
Other	2	1.6
Served in Military	5	4.1

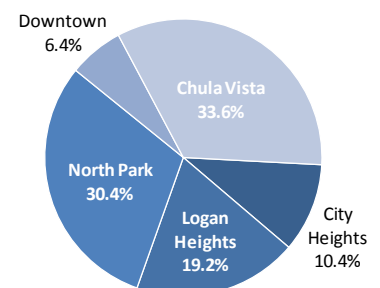
Note. N=125. 1 participant did not report Gender and 3 participants did not report Race/Ethnicity.

Who Did Participant See During Initial Visit?



Note. Total may add up to more than 100% because some clients saw multiple staff.

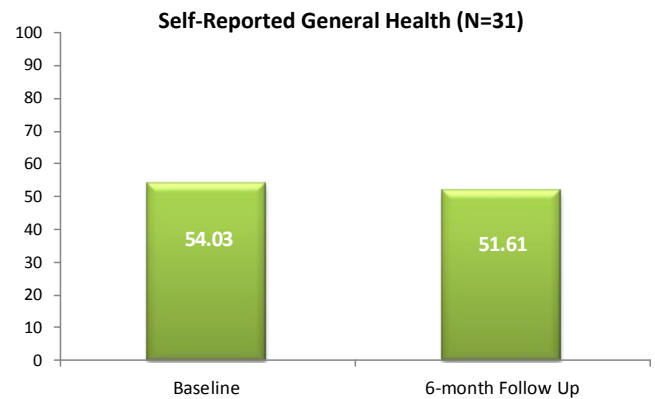
Clinic Location



Self-Reported General Health

Possible scores on a self-reported general health measure completed by all I-CARE participants ranged from 0-100, with 0 indicating the poorest possible health and 100 indicating the best possible health. So far, 33 participants have completed assessments at baseline and 6-months.

- Although self-reported general health scores decreased from baseline to follow-up (54.03 vs. 51.61), this change was not statistically significant.
- At baseline, 67.8% of participants rated their general health as 'Good', Very Good', or 'Excellent' while slightly fewer did so at 6-months (61.4%).

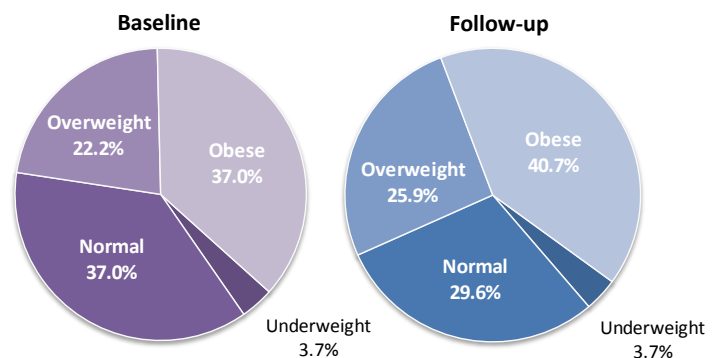


Physical Health

- The percentage of participants reporting inpatient hospitalizations for physical health reasons at baseline (9.1%) decreased to 3.0% at 6 months. Participants reporting an emergency room (ER) visit for any reason also decreased from baseline (30.2%) to 6-months (21.2%).
- The most common physical health conditions reported by participants at baseline were high cholesterol (24.0%), and diabetes (16.0%).
- Systolic blood pressure is pressure that blood exerts on vessels while the heart is beating, and is used as an indicator for risk of cardiovascular disease. No significant difference was found between average baseline and follow-up systolic blood pressure (118.6 vs. 123.1, respectively).

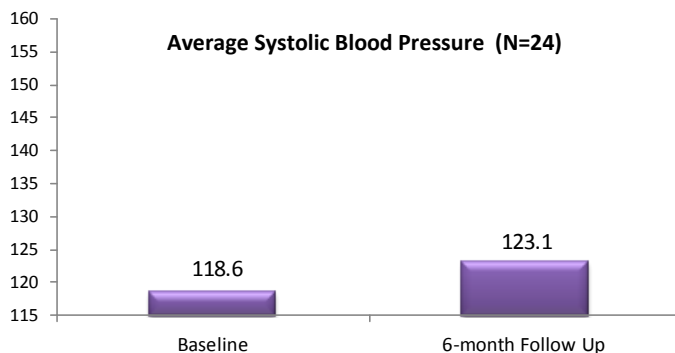
- Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fat and is used to screen for weight categories that are associated with chronic health problems.

Body Mass Index — BMI

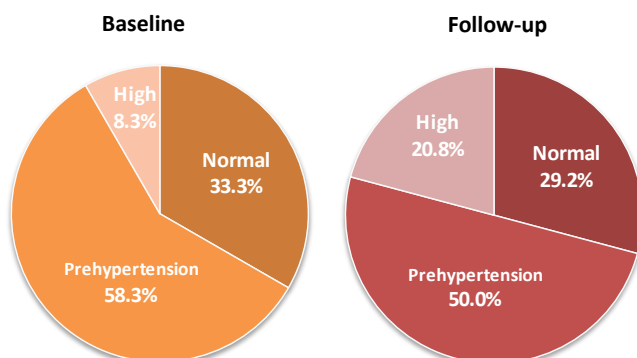


- A BMI score below 18.5 indicates that an individual is underweight, 18.5-24.9 is normal, 25.0-29.9 is overweight, and greater than 30 indicates obesity. BMI at baseline ranged 16.8-52.0; at 6-months it ranged 17.1- 48.0.

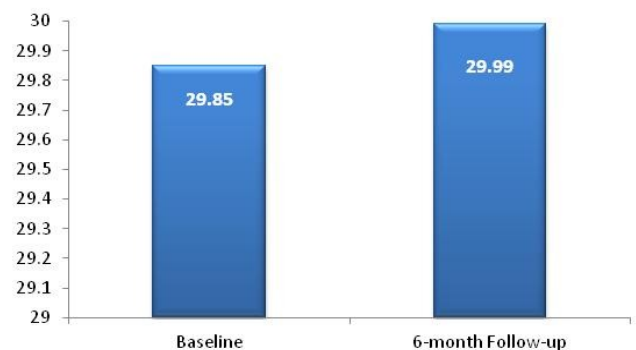
- Mean BMI scores were examined for change from baseline to 6-months. No significant change was found in BMI from baseline to 6-month follow-up (29.85 vs. 29.99).



Blood Pressure



Average BMI (N=27)



Medication Adherence

Participants completed a self-report measure of medication adherence at each I-CARE visit. Possible scores on the scale range from 0-8, with higher scores indicating greater medication adherence.

- On the medication adherence scale, scores less than 6 indicate low adherence, scores between 6-7 indicate moderate adherence, and scores equal to 8 indicate high adherence. At baseline, participant medication adherence scores ranged from less than 1-8. At 6-months scores ranged from 3.75-8.
- At baseline, 30.0% of participants met the criteria for low, 40.0% for moderate, and 30.0% for high medication adherence.

[The I-CARE program] is also helpful—because you can have medication and interactions on a lot of things—to be able to know what people are on and be responsible for it and not have to worry that you're giving them this medication but you're not sure what the psychiatrist has done."

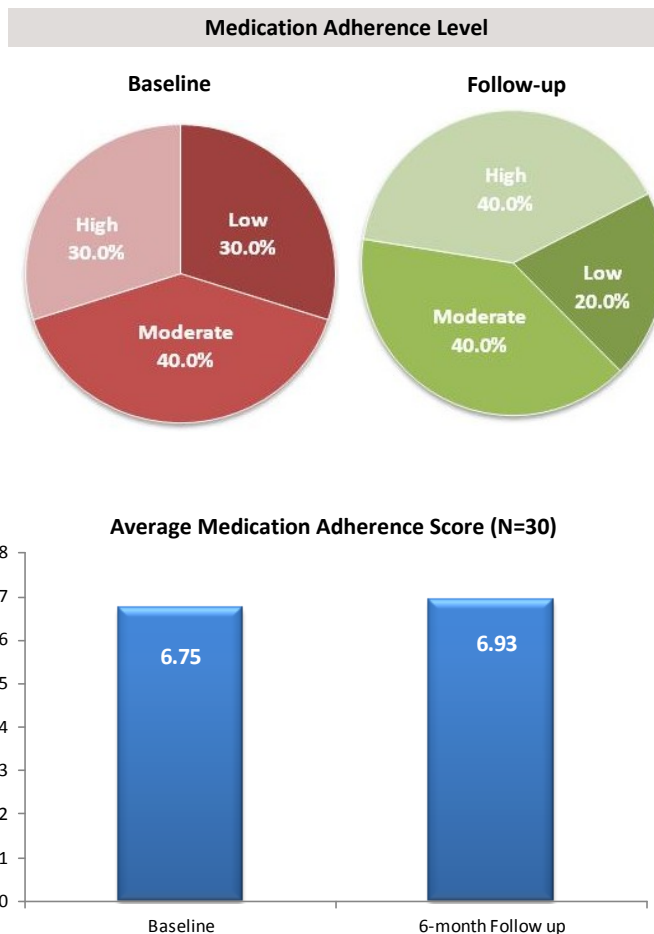
(FHC leadership)

At 6-months, 20.0% scored in the low adherence category, 40.0% scored in the moderate category, and 40.0% scored in the high adherence category.

- Examining change in medication adherence scores showed that from baseline to follow-up, 6 participants (20.0%) decreased, 11 (36.7%)

increased, and 13 (43.3%) remained the same.

- No statistically significant difference was found in average medication adherence between baseline and follow-up (6.75 vs. 6.93, respectively).

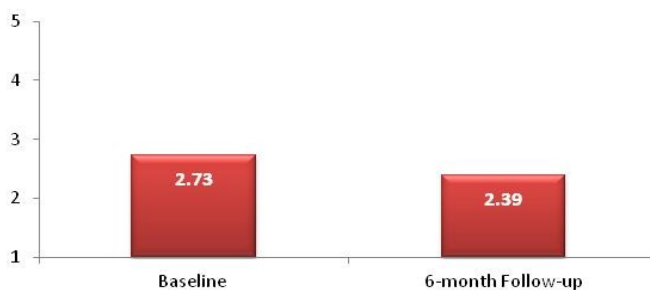


Mental Health Stigma

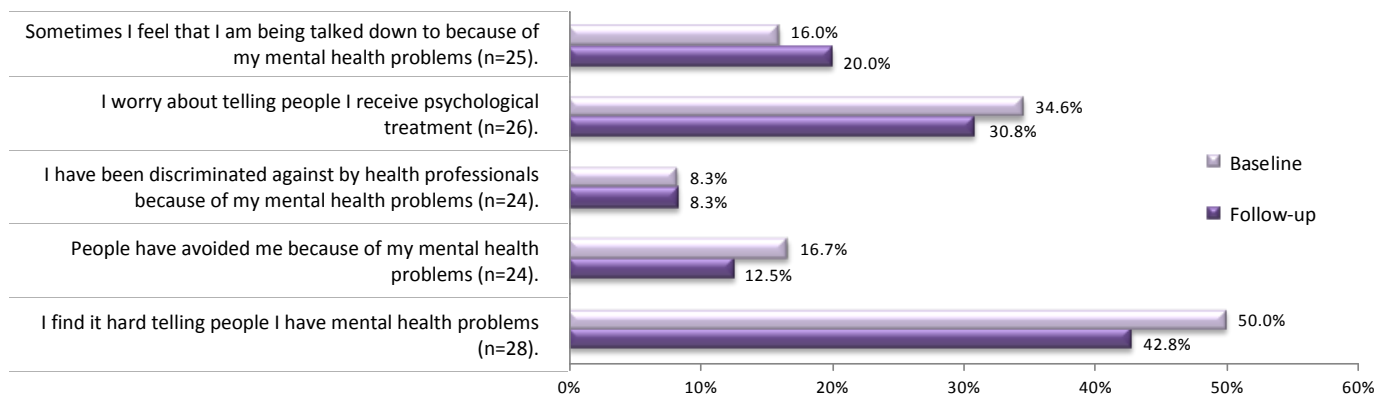
Participants were also asked to respond to questions about their experiences related to having a psychiatric illness. At follow-up, participants showed decreases in most perceived stigma items, indicating that they felt less stigmatized as a result of their mental health condition.

- Also, average stigma scores decreased significantly from baseline to 6-month follow-up (2.73 vs. 2.39).

Average Stigma Score (N=20)



% of Participants who Agree or Strongly Agree that:



Mental Health Recovery

IMR Scale – Behavioral Health Specialist's Perspective

	I-CARE PARTICIPANTS					
	COMPARISON 1		COMPARISON 2		COMPARISON 3	
	MH Clinic	I-CARE Baseline	MH Clinic	I-CARE 6-months	I-CARE Baseline	I-CARE 6-months
	(N=46)		(N=20)		(N=33)	
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Overall IMR Mean^{bc}	3.46 (.49)	3.55 (.50)	3.42 (.48)	3.92 (.43)	3.67 (.53)	3.91 (.45)
Recovery Subscale ^{bc}	3.10 (.80)	3.28 (.67)	3.02 (.69)	3.80 (.50)	3.23 (.65)	3.72 (.52)
Management Subscale ^{ab}	2.96 (.74)	3.26 (.84)	2.86 (.80)	3.75 (.70)	3.43 (.96)	3.70 (.80)
Substance Subscale	4.60 (1.10)	4.33 (1.22)	4.70 (.92)	4.70 (.80)	4.55 (1.03)	4.76 (.71)

OUTPATIENT CLIENTS AT SAN DIEGO MENTAL HEALTH CLINICS		
Baseline	At Latest Assessment	
Mean	Mean	N
3.33 (.57)	3.72 (.44)*	99
3.04 (.76)	3.44 (.68)*	99
2.88 (.78)	3.46 (.69)*	99
4.53 (1.08)	4.73 (.78)*	98

RMQ Scale – Participant's Perspective

	(N=40)		(N=18)		(N=32)	
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Overall RMQ Mean^b	3.57 (.65)	3.67 (.64)	3.46 (.74)	3.77 (.74)	3.70 (.74)	3.76 (.74)

Mean	Mean	N
3.55 (.62)	3.75 (.67)*	66

NOTES for I-CARE participants: a = Comparison 1 was significant; b = Comparison 2 was significant; c = Comparison 3 was significant.

NOTES for SD County Outpatient clients: Data includes clients with MORS score >=6 who received outpatient mental health services in FY 2010-11; *indicates comparison was significant.

Assessing Recovery with IMR and RMQ Scales

To measure mental health recovery from multiple perspectives, the Illness Management and Recovery questionnaire (IMR) and the Recovery Markers Questionnaire (RMQ) are included as part of the I-CARE assessments. Participants completed the 24-item RMQ to measure their own perceptions of their recovery. The IMR, completed by the behavioral health specialist, consists of 15 items each addressing a different aspect of the client's mental health recovery. The IMR also includes 3 subscales: mental health recovery, illness management, and substance use. Both the IMR and the RMQ use a 1-5 response scale, with higher ratings indicating greater recovery.

Compared to outpatient mental health services consumers, I-CARE participants showed greater mental health recovery improvements.

Participants' mental health recovery before and after I-CARE participation. At the I-CARE 6-month follow-up, participants improved in their mental health recovery since beginning the program, and since their last assessment at the mental health clinic. Participant recovery improved based on both the participant and behavioral health specialist perspectives.

From the behavioral health specialist perspective, there was a significant improvement in the management subscale from the mental health clinic assessment to the baseline I-CARE assessment. There were also significant improvements from the mental health clinic to the 6-month I-CARE follow-up in recovery, management, and overall IMR. Once in the I-CARE program, participants demonstrated significant improvements at 6-months in the recovery subscale and overall IMR.

From participants' perspective, there was significant improvement in recovery from the mental health clinic to 6-months in I-CARE.

Overall, I-CARE participants showed recovery improvements from both clinician and participant perspectives. Compared to mental health outpatient consumers in other San Diego programs, I-CARE participants' mean scores were higher in all recovery domains.

I-CARE COMPARISON WITH SAN DIEGO COUNTY MENTAL HEALTH OUTPATIENT SERVICES

Since 2008, mental health outcomes data have been collected across San Diego County for all mental health services consumers. Those participating in I-CARE were a part of that population, allowing for additional outcome comparisons. The comparison of scores from the mental health clinic to 6-month I-CARE follow-up showed the greatest improvements. In comparison to clients receiving outpatient services in San Diego County mental health programs, I-CARE participants:

- showed greater mental health recovery improvements in all IMR domains, except substance use.
- demonstrated greater increases in overall IMR scores (0.50 I-CARE vs. 0.39 Outpatient clients).
- showed greater increases in recovery and management IMR subscale scores (0.78 and 0.89, respectively for I-CARE and 0.40, 0.58 for Outpatient clients).
- reported greater increases in their own mental health recovery (0.31 I-CARE vs. 0.20 Outpatient clients).

Mental Health Recovery for I-CARE Participants

I-CARE participants are among San Diego County mental health services clients whose outcomes have been measured previously at mental health clinics. This mental health clinic data was used to compare I-CARE partici-

Best Practices

Qualitative interviews of mental health program and I-CARE staff provide important insights into how the I-CARE program has been implemented across the sites. The following practices are seen by staff as promoting smooth operation of the I-CARE program:

- New I-CARE (“graduated”) clients are not discharged from the mental health clinic until after having completed the first primary care visit with the I-CARE physician at FHC.
- Having a single discharge planner at the mental health site to notify identified clients of their graduation to I-CARE is more efficient and effective than having the clinicians share the task.
- Peer support specialists are deployed differentially in the different sites to address problems as they arise. They seem to provide a flexible, creative way to address communication and operational challenges.
- Each mental health clinic/primary care center pairing has had some freedom to design its system to address different features of their client/patient populations.

“I fear running out of medication... My doctors at [the mental health clinic] had 2 refills there for me whether I was gonna see them or not, simply because I don’t like the sharpness of the sounds that I hear, the voices or whatever they are...it’s horrible.” [Interviewer: in your first appointment with the doctor, did you get a chance to talk to her about this concern?] No. She was very busy. She was in a hurry, so I thought well, hopefully next time I see her we’ll talk more lengthy.”

(New I-CARE participant)

The second mental health clinic, added several months after initial program implementation, has had the benefit of learning from the first clinic’s start-up experiences. With that knowledge, they have implemented some systems to avoid problems that some of the first I-CARE participants encountered:

- FHC I-CARE staff spend some time working onsite at the mental health clinic each week. This staffing pattern increases inter-agency staff communication and allows graduating clients to become familiar with FHC I-CARE staff.
- An I-CARE orientation group led by the peer support specialist meets regularly to provide clients transitioning to I-CARE with an opportunity to meet and talk with other clients in transition, and to have their questions answered.
- Once a client has been identified for transfer to I-CARE, staff review the client’s medical coverage to prevent potential drug coverage/pharmacy problems. They facilitate coverage change if potential problems are found.

Challenges for I-CARE Physicians

In a focus group of I-CARE Primary Care Physicians, providers shared some of the challenges I-CARE physicians face:

Interviewer: *Is it true that...every 15 minutes you’re seeing a new patient?*

1st I-CARE MD: *That’s the way the schedule is. But everyone takes more than 15 minutes.*

2nd I-CARE MD: *Yeah, well that doesn’t include the double booking.*

(I-CARE physicians focus group)

- The time crunch—their schedules have always been tight and I-CARE participants are not provided a longer visit window.
- Dealing with medication issues providers’ more general medical experience doesn’t prepare them for: specialty medications with which they are unfamiliar, higher than normally recommended dosages, and unusually expensive medications.

• At least early on in the program’s implementation, physicians felt that I-CARE participants were not receiving enough information about what I-CARE was and why they were being transferred and for that reason had to deal with participants’ resentment.

I-CARE Physicians Appreciate

- The Behavioral Health Consultants, Nurse Care Coordinators and Alcohol and Other Drug Counselor. They are helpful in doing those time consuming things necessary for providing thorough care—psychiatric counseling, alcohol and drug and other screenings, etc.—but that physicians could not “realistically” get done if it were up to them.
- Having participants’ diagnoses and psychiatric medications summarized and flagged on the front of the chart.

I-CARE Participants’ Concerns

- Insufficient information about what I-CARE is, how it operates, and what it offers.
- Less support of medications management; sometimes the first visit with the doctor does not include sufficient discussion of medications and related issues. People who used to receive their psychiatric medications at their mental health clinic have to use the FHC pharmacy which is more complicated and farther away.
- Some participants embrace the idea that they have “graduated” but others feel “kicked out.”
- Loss of access to the mental health clinic-based groups that are both therapeutic and social.
- Longer wait times and more impersonal treatment at the primary care sites.
- Some women prefer a female primary care physician.

Program Satisfaction

The table below displays item means for the I-CARE program satisfaction scale. Item means were compared at baseline and follow-up. Statistically significant change in means is indicated with a darker arrow in the 'Change' column (item #13).

The percentage of I-CARE participants who agreed or strongly agreed that they were satisfied with various dimensions of services they received are also included in the table below. There was a decrease in those who agreed that they would follow through with a mental health referral outside the I-CARE clinic (item #3); and a decrease in those who agreed they were more comfortable seeking help (item #13). There were increases in the percentage of participants who agreed to several items including those who did not bring up counseling needs due to embarrassment (item #5); those who agreed that they were treated the same as others in the clinic (item #8); those who agreed that resources provided are in their community (item #12); and participants who agreed that they are better able to handle things (item #14).

At 6-months, more I-CARE participants were satisfied with services than at baseline (96.7% and 83.3%, respectively). Also, compared to mental health consumers receiving services in other San Diego County mental health programs, a higher percentage of I-CARE participants were satisfied with the services they received (item #18 compared to San Diego programs data*).

The percentage of I-CARE participants satisfied with services at 6-months was slightly higher than the percentage of people in other mental health programs.

Participant Program Satisfaction	MEANS			% AGREED OR STRONGLY AGREED	
	Baseline	6-Months	CHANGE	Baseline	6-Months
1. I am satisfied with the amount of time staff spent with me during visits.	4.43	4.33	▼	93.3%	86.7%
2. My beliefs about health and well-being were considered as part of the help (services) that I received.	4.3	4.2	▼	90.0%	86.7%
3. I would follow through if I were referred outside this clinic for mental health services.	4.0	3.7	▼	85.2%	77.8%
4. Any concerns I had about emotional, behavioral or mental health issues were addressed during my visit.	4.14	4.21	▲	89.3%	89.3%
5. I did not bring up counseling needs, basic needs or other concerns due to embarrassment.	2.31	2.35	▲	15.4%	23.0%
6. Treatment and information were provided to me in a language or way I could easily understand.	4.53	4.53	—	96.7%	100.0%
7. I would be comfortable receiving counseling services here at this clinic.	4.28	4.21	▼	86.2%	82.7%
8. I am treated the same as other people who get care at the clinic.	4.34	4.38	▲	82.7%	89.7%
9. I prefer to receive my counseling services at the location where I receive my medical care.	4.14	4.14	—	75.9%	79.3%
10. My basic needs (such as food, clothing, shelter, financial) were addressed to my satisfaction.	3.96	3.96	—	68.0%	64.0%
11. I was provided with referrals to resources that assisted me and/or my family.	3.68	3.93	▲	64.3%	67.8%
12. The resources available and/or that were provided to me are in my home community.	3.73	4.0	▲	61.6%	73.1%
13. I am more comfortable seeking help.	4.21	3.97	▼	86.2%	72.4%
14. I am better able to handle things.	3.86	4.18	▲	67.8%	92.9%
15. This clinic is easy to get to.	4.3	4.27	▼	90.0%	90.0%
16. I know where to get help when I need it.	4.34	4.28	▼	96.5%	93.1%
17. This clinic meets all my health care needs.	4.31	4.24	▼	93.1%	82.8%
18. Overall, I am satisfied with the services I received here.	4.33	4.47	▲	83.3%	96.7%
*Program Satisfaction -- San Diego County Mental Health Services Clients (data from the Spring 2011 MHSIP Mental Health Consumer Satisfaction Survey)				% AGREED OR STRONGLY AGREED ----- ---->	
				93.1%	